## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10/590542

| Effective December 8, 2004                     |  |   |  |   |                                   |                     | 10/909902              |                               |                     |                               |  |
|--|--|---|--|---|-----------------------------------|---------------------|------------------------|-------------------------------|---------------------|-------------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |  |   |                                   | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                               |  |
| U.S.   | . NATIONAL S                                   | TAGE FEES                                 |  |   |                                   | RATE                | FEE                    |                               | RATE                | FEE                           |  |
| BASIC FEE                                      |  |   | SMALL ENT. = \$ 15   | 50 LARC                                     | GE ENT. = \$ 300                  | BASIC FEE           |                        | OR                            | BASIC FEE           | 30                            |  |
| EXAMINATION FEE                                |  |   | Satisfies PCT Article 3<br>(4) = \$50 / \$100                                    | 50 \$                                       | ther situations = 5 100 / \$ 200  | EXAM. FEE           |                        |                               | EXAM. FEE           | Sw                            |  |
| SEARCH FEE                                     |  |   | U.S. is ISA = \$50 / \$<br>ALL other countries<br>\$ 200 / \$ 400                | a   ALLO                                    | other situations = 5 250 / \$ 500 | SEARCH FEE          |                        |                               | SEARCH FEE          | w                             |  |
| FEE FOR EXTRA SPEC. PGS.                       |  |   | minus 10   | 00 =  | / 50 <b>=</b>                     | X \$ 125 =          |                        |                               | X \$ 250 =          |                               |  |
| TOTAL CHARGEABLE CLAIMS                        |  |   | minus 2  | 20 = .                                      |                                   | X \$ 25 =           |                        | OR                            | X \$ 50 =           |                               |  |
| INDE   | EPENDENT CLA                                   | AIMS                                      | / minus  | 3 = .                                       |                                   | X \$ 100 =          |                        | OR                            | X \$ 200 =          |                               |  |
| MUL  | TIPLE DEPEND                                   | DENT CLAIM PRE                            | ESENT  | <del></del>                                 |                                   | + \$ 180 =          |                        | OR                            | + \$ 360 =          |                               |  |
|  |  | in column 1 is l                          | olumn 2  | TOTAL                                       |                                   | OR                  | TOTAL                  |                               |                     |                               |  |
| 8.   | 16,000   | (Column 1)                                | AMENDED - PART II (Column 2) HIGHEST   |   | (Column 3)                        | SMALL E             | ENTITY ADDI-           | OR<br><b>]</b>                |                     | OTHER THAN SMALL ENTITY ADDI- |  |
| 4 F  |  | REMAINING<br>AFTER<br>AMENDMENT           | P  | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                  | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE        |  |
| AMENDMENT A                                    | Total  | . 13                                      | Minus **   | 20  | = <b>(</b> )                      | X \$ 25 =           |                        | OR                            | X \$ 50 =           |                               |  |
| AMEN   | Independent                                    | . /                                       | Minus ***  | . 3   | = /                               | X \$ 100 =          |                        | OR                            | X \$ 200 =          |                               |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |                                   | + \$ 180 =          |                        | OR                            | + \$ 360 =          |                               |  |
| $\vdash$                                       | <u>I</u>                                       |   |  |   |                                   | TOTAL ADDIT.<br>FEE |                        | OR                            | TOTAL ADDIT.        |                               |  |
|  |  | (Column 1)                                |  | (Column 2)                                  | (Column 3)                        |                     |                        | -                             |                     |                               |  |
| 8 5  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT                           | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE        |  |
| DIME   | Total  | •   | Minus **   | ,   | =                                 | X \$ 25 =           |                        | OR                            | X \$ 50 =           |                               |  |
| AMENDMENT B                                    | Independent                                    | •   | Minus  | h   | a .                               | X \$ 100 =          |                        | OR                            | X \$ 200 =          |                               |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |                                   | + \$ 180 =          |                        | OR                            | + \$ 360 =          |                               |  |
|  | <u></u>  |   |  |   | -                                 | TOTAL ADDIT.        |                        | OR                            | TOTAL ADDIT.<br>FEE |                               |  |
|  |  |   |  | ,   |                                   |                     |                        | _                             |                     | _                             |  |
|  | the control in pol                             | · · · · · · · · · · · · · · · · · · ·     | the entry in column 2, wri   | -ir- aus iv coint                           |                                   |                     |                        |                               |                     |                               |  |
|  | If the "Highest Nu                             | lumber Previously Pa                      | the entry in column 2, wit<br>Paid For" IN THIS SPACE<br>Paid For" IN THIS SPACE | E is less than "                            | '20', enter "20".                 |                     |                        |                               |                     |                               |  |
| 1  | Una ushiosi in                                 | dmoer Previously                          | AIG FOI IN LITTLE OF FIG.  | C 19 1000 min.                              | 3, 011101 5.                      |                     |                        |                               |                     |                               |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.